

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only
AUG 11 2005
OLMS DATA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18009	2. Fiscal Year Covered From: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / 04 Through: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / 05
3. Name and address of person filing. Name JAMES F. DAVIS P.O. Box, Bldg., Room No., if any Street 6209 W. BROOKVIEW STREET City WICHITA State KANSAS ZIP Code + 4 67205	4. Name, file number, and address of labor organization. Name LOCAL UNION 271- NECA 401 (K) RETIREMENT PLAN Labor Organization File Number 35863 P.O. Box, Building and Room Number, if any Street 1040 SOUTH BROADWAY City WICHITA State KANSAS ZIP Code + 4 67211
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James F. Davis

On

8-12-05

Date

316-267-8255

Telephone Number

Name of Person Filing _____	File Number U- _____
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any) Name <u>LOCAL UNION 271-NECA 401(K) RETIREMENT PLAN</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1040 SOUTH BROADWAY</u> City <u>WICHITA</u> State <u>KANSAS</u> ZIP Code + 4 <u>67205</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>LOCAL UNION 271-NECA 401(K) RETIREMENT PLAN</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1040 SOUTH BROADWAY</u> City <u>WICHITA</u> State <u>KANSAS</u> ZIP Code + 4 <u>67205</u>	11.a. Nature of such dealing. <u>TWO PRINCIPAL FINANCIAL GROUP SPONSORSHIP TICKETS FOR NASCAR</u> 11.b. Approximate dollar value of such dealing. <u>\$195.83</u> 12.a. Nature of interest held or income received. <u>TWO PRINCIPAL FINANCIAL GROUP SPONSORSHIP TICKETS FOR NASCAR</u> 12.b. Amount. _____
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____
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